



**North Dakota Department of Health
Prevention Partnership Program**

Provider Enrollment Form

Centers for Disease Control and Prevention

Grant Number H23/CCH822552-01-1

Immunization and Vaccines for Children Grant

CFDA No. 93.268

Immunization Grants

Budget Period 2006

Provider I.D. Number

Physician/Provider Name: _____
Last Name First Name MI

Facility/Clinic Name: _____

Address: _____
Street City State Zip Code

Telephone: _____ **Fax:** _____ **E-Mail:** _____

To participate in the Prevention Partnership program and receive state and federally procured vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which I am the physician-in-chief or equivalent:

1. I will screen patients and administer Prevention Partnership program-purchased vaccine only to children (18 years of age and younger) who are North Dakota residents. Out-of-state VFC eligible children may receive vaccinations in North Dakota provided they are screened and documentation of the screening is available.
2. I will screen patients to determine if they are VFC (Vaccine for Children) eligible using the following categories: (a) is an American Indian or Alaskan Native, (b) is on Medicaid (or qualified through a State Medicaid waiver), (c) has no health insurance, or (d) has health insurance that does not pay for the vaccine (only applicable to FQHC or RHC). I will document this information on the Vaccine Administration Record (VAR) or on the Patient Eligibility Screening Form.
3. I will screen and administer Prevention Partnership program-purchased pneumococcal vaccine only to adults ages 50 through 64 who are at increased risk for pneumococcal disease.
4. I will administer Prevention Partnership vaccines only to children and adults who meet eligibility criterion for each vaccine, as set by the North Dakota Department of Health (based on vaccine coverage table).
5. I will comply with the appropriate immunization schedule, dosage, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP), unless (a) in my medical judgement, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate; or (b) the particular requirement contradicts the law in my state pertaining to religious and other exemptions.
6. I will distribute current Vaccine Information Statements and maintain records in accordance with the National Childhood Vaccine Injury Act.
7. I will maintain parent/guardian responses on the Patient Eligibility Screening Record form for a period of three years. Release of such records will be bound by the privacy protection of the federal Medicaid law.
8. If requested, I will make such records available to the North Dakota Department of Health or the U.S. Department of Health and Human Services.
9. I will allow NDDoH staff to conduct site visits for review of vaccine administration procedures, vaccine storage procedures and coverage level assessments.
10. I will **not** impose a charge for the cost of the vaccine.
11. I will not impose a charge for the administration of the vaccine that is higher than the maximum fee established by the North Dakota Department of Human Services. As of August 2004, the fee for vaccine administration remains at \$8.
12. I will not deny administration of a federally procured vaccine to a child because the child's parent/guardian/individual of record is unable to pay the administration fee.
13. I will comply with the state's requirements for ordering, administering and returning all public purchased vaccines.
14. I will comply with the state's requirements for documentation and reporting of state-supplied vaccines given.
15. I will monitor vaccine temperatures and log temperatures twice daily. I will keep the temperature logs for a minimum of 3 years.
16. The provider agrees that if the provider received more than \$500,000 either directly or indirectly from all federal sources, and is subject to the provisions of the Single Audit Act Amendments of 1996 (P.L.104-156), the provider will submit a copy of the A133 audit upon its completion to the Department of Health. Organizations receiving less than \$500,000 must have records available for review upon request of the Department of Health or Federal agency.
17. The state may terminate this agreement at any time for failure to comply with these requirements, or I may terminate this agreement at any time for any reason.

Provider Signature

Date

This record is to be submitted and kept on file at the North Dakota Department of Health Immunization Program and must be updated in accordance with state policy.